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(((H16000117909 3)))



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From:

Account Name

: DAVID C. HASTINGS, CPA, PA

Account Number: I2000000168 Phone

(727) 322-0909

Fax Number

: (727)322-0520

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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FLORIDA LIMITED LIABILITY CO. COLD ZONE AIR CONDITIONING & HEATING, LLC

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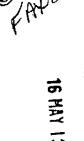
May 13, 2016

FLORIDA DEPARTMENT OF STATE

COLD ZONE AIR CONDITIONING & HEATING, LLC 6040 63RD TERRACE N PINELLAS PARK, FL

SUBJECT: COLD ZONE AIR CONDITIONING & HEATING, LLC

REF: L14000135359



We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet. We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

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If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II FAX Aud. #: H16000117909 Letter Number: 016A00010117

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2016-05-13 14.11:17 (GMT) H16000019042 3

18005419751 From: Craig Smalley

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Integrated Center for Advanced Neurosciences, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	v as it now appears ou our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	vere filed on 5/11/2016	and assigned
Florida document number L16000090338		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	→ 5-10
The Center for Advanced Neurosciences, LLC		2 (1)
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the	abbreviation L.C."
Enter new principal offices address, if applicable:		- 3 × × × × × × × × × × × × × × × × × ×
(Principal office address MUST BE A STREET ADDRESS)		
,		
		8 2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here.		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

□ Change

H160000119042 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	Ianager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Change
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2016-05-13 14.11:17 (GMT)

18005419751 From: Craig Smalley

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ffective date, if other than the an effective date is listed, the date mustote: If the date inserted in this blocument's effective date on the D	nck does not meet the applicable statutory f	(optional) or more than 90 days after filing.) Pursuant to 605.020 illing requirements, this date will not be listed a
e record specifies a delayed The 90th day after the rec	l effective date, but not an effectivord is filed.	e time, at 12:01 a.m. on the earlier o
ated May 13	, 2016	
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